

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer EP7534	03/20/21 mm dd yy	ASU
2 nd Dose COVID-19	Pfizer EP7534	04/20/21 mm dd yy	ASU
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	

Autres vaccinations/prophylaxies reçues

Inscrivez dans cet espace les vaccinations ou prophylaxies non obligatoires pour l'admission dans un pays, mais qui ont été effectuées pour une protection accrue (immunoglobulines, paludisme, rougeole,...).

[illegible]

This is to certify that immunization against
Je soussigné(e) certifie que la vaccination contre

tion or Prophylaxis is an official statement verifying
ved to immunize you against a quarantinable disease
ates and other countries. The certificate is essential
d travel. IT MUST BE COMPLETE AND ACCURATE IN
l at international ports of entry.

ase has been eradicated; consequently there is cur-
tine use of smallpox vaccine for international travel.
Certificate of Cholera Vaccination was removed from
1973. If vaccination against cholera is performed, it
ions/Prophylaxis Received section

ed by countries; other immunizations and preventive
depending on the traveler's age, previous immuniza-
ion of travel. **YELLOW FEVER IMMUNIZATION MAY**
YELLOW FEVER VACCINATION CENTER to locate
www2.ncid.cdc.gov/travel/yellowfever/ Other
sensed physician or clinic.

MALARIA when traveling to parts of Central and
spaniola (the Dominican Republic and Haiti),
Asia, Southeast Asia and the Middle East),
Pacific. You are strongly advised to seek
state health department, private physician,
website (www.cdc.gov/travel/) concerning the
laria and for instructions on how the prophy-

sons traveling abroad and those entering the United
rior disease or vaccination

ean adequate supply with you. The use of possible re-
to NOT take medication purchased over the counter
act. Should you need medical assistance, the American
ovide names of physicians or hospitals

of Documents, U.S. Government Printing Office
one; toll free 866-512-1800, DC area 202-512-1800
il: Stop IDCC, Washington, DC 20402-0001
NY PUBLISHING OFFICE 2016 394 30%

OKLET FOR FUTURE TRAVEL
OF YOUR VACCINATION HISTORY.

INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS **Certificat international de vaccination ou de prophylaxie**

This is to certify that / Nous certifions que Michelle Jones
(name - nom) 0015-76 F United States
(date of birth - (n(e) le) (sex - de sexe) (nationality - et de nationalite)

whose signature follows / et la signature suit _____
(national identification document, if applicable) / document d'identification national, le cas échéant

has on the date indicated been vaccinated or received prophylaxis against / a été vaccinée ou a reçu une prophylaxie le (la date indiquée)
Yellow Fever in accordance with the International Regulations, / conformément au Règlement International

Vaccine or prophylaxis Vaccin ou agent prophylaxie	Date	Signature and professional stamp of vaccinating clinician	Manufacturer and lot number of vaccine or prophylaxis Fabricant du vaccin ou de l'agent prophylactique et numéro du lot	Remarks Remarques
Standard Yellow Fever	Jun 11, 2019	Jerry Taylor, MD	ANOF PASTEUR R3119026	JUN 21 2019

Official stamp of the administering center
Cachet officiel du centre habilité

OFFICIAL VACCINATION
14713
ALABAMA
USA

NOTE **YELLOW FEVER**

The only disease specifically designated as
which proof of vaccination or prophylaxis is
Party is yellow fever. When arriving in a country
in the space provided on this certificate.

This same certificate will also be used to
a recommendation is made by the World Health
prophylaxis; for medical reasons.

This certificate is valid only if the vaccine is
World Health Organization.

This certificate must be signed by the travel
clerk or other authorized health official
prophylaxis. The certificate must also be
however, this shall not be an excuse for
it invalid.

Any amendment of this certificate, even
it invalid.

The validity of this certificate shall extend
duration is indicated. The certificate shall
certificate may also be completed by request
to either English or French.

AVERTISSEMENT **FIÈVRE JAUNE**

La seule maladie spécifique désignée pour
laquelle la preuve d'une vaccination ou d'une
d'entrée dans un pays étranger est requise, est
doit être inscrite dans l'espace prévu à cet effet.

Ce même certificat sera également utilisé pour
ou l'Organisation mondiale de la Santé et
prophylaxie.

Ce certificat n'est valide que si le vaccin est
l'Organisation mondiale de la Santé.

Ce certificat sera également utilisé pour
viser l'affirmation d'un agent de santé publique
du centre habilité qui ou sera le médecin des

Toute correction des données ou un ajout de
détails doit être effectuée au moment de

Ce certificat est valide jusqu'à la date indiquée
inscrit. Il doit être établi dans une langue officielle
être établi dans une autre langue, en plus de